STATE OF MIA	RILAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH		20.00
County Voneral		Registration Dist. No. 26/
Village or City	7/6	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U. S. If of foreign birth?
2. FULL NAME Close V.	Dalland	
(a) Residence: No. Farm (Usual	place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH
I (°) QR DIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH 5 / , 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of		22. HEREBY CERTIFY, That I attended deceased from
o It a	1807	1903, to Many 1 , 1903
6. DATE OF BIRTH (month, day, and year) Self 30		I last saw h & golive on
7. AGE Years Months Oays	s If LESS than 1 day,hrs.	to heve occurred on the date stated above, at SUD P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Hous SAWYER, BOOKKEEPER, etc.	work	Claud De f Deut Jobs.
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		
10. Oato deceased lest worked et this occupe was (month and year)	otal time (years) spent in this occupation	
Geston Heston	1~	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	and	- Mary Many francisco
E 13. NAME John 1/3 ale	land	
14. BIRTHPLACE (City or lown) Domus (State or country)	at City	Name of operation. Oate of
	1.	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town)	1 Carly	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	mid	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 6 liga Ballare	£	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	, , ,	Manner of injury
Piece Medor en . Oate	ay 4 ,1933	- Nature of Injury
19. UNDERTAKER Struck Bib	rdifian	24. Was disease or injury in any way related to occupation of deceased?
20. FILED (5/2 133 Junelia 10	Jawson	(Signed) Slenge Ovullarism M. D
1	Registrar.	(Address)

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STAT	FEMENTS BY PHYSICIAN
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	05370
coet	Registration Dist. No260
vers aune mo	A
n where death occurredwsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs ds.
mul & 12	rewer
neero aure	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Month) (Day) (Year)
onths Days If LESS than 1 day, hrs. or min. NER, Sawyer 1, Saw mell 11. Total time (years) spent in this	19.35, to State of the state of
E. Brener	Dther Coatributory Couses of importance: My Facluse
	Name of operation Data of
maine	What test confirmed diagnosis? Character flas there an autopsyltec
Maine C. Brener La our mo	23. If daath was due to external causes (VIDLENCE) fill in also tha tollowing: Accident, suicide, or homicide?
same may 16 , 19 3 3	Mannar of Injury Nature of injury
Walang toon	24. Was disease or injury In any way related to occupation of decaased?
Winich.	(Signed) The Both Do Mhaleen, D.
Registrar.	(Address) J. Andread Astrone
and country are needed, adaress State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Olik ti disa				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH pluods County Registration Dist. No. item Village or City JO (If death occurred in a horpital or institution, give its NAME instead of street and number) 0 Length of residence in city or town where death occurred How long in U.S. if of foreign birth? ____ yrs. ___ mos. SICIAN 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) marrie classified. 5a. If married, widowed, or divorced, BINDIN PERMAN HUSBAND of 22. I HEREBY CERTIFY. That t attended deceased from (or) WIFE of 田 certificate. 6. DATE OF BIRTH (month, day, and year) (proper 7. AGE Days If LESS than Months to have occurred on the date stated above, at 1 dayhrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular THIS CCUPATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and 0 spent in this that instructions occupation_ 12. BIRTHPLACE (city or town). MARGIN (State or country) carefully supplied. 13. NAME FATHE plain ter 14. BIRTHPLACE (city or town (State or country) Va What test confirmed diagnosis?. important. MOTHER in 23. If death was due to external causes (VIOLENCE) fill in also the following DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?. ara (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. should OF (Address) Manner of Injury WRITE CAUSE mation Nature of injury LION 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address If so, specify 8 Registrar. (Address) .

FOR

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	-0.0
County mursel	Registration Dist. No. 3/6/
Village or City Trussia Dla ma	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	Carmore
(a) Residence: No. morron stomd.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWEO, OR OIVORCED (write the word) The state of the state of the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Cor) WIFE of Burtha Cammon.	22. 1 HEREBY CERTIFY, That I attended deceased from 1934, 10 200, 4 1933
6. DATE OF BIRTH (month, day, and year) aug 3 1900	I last saw hale alive on 7 4 , 1933; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 11m.
3 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	weith self their mys 20
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oale deceased last worked at this corrupting month and	
10. Oate deceased ast worked at this occupation (month and year) 193/ spent in this occupation	
12. BIRTHPLACE (city or town) marylum	Other Contributory Causes of importance:
(State or country) 2 13. NAME of am.	Juliany Introutorio
14. BIRTHPLACE (city or town) On L.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIOEN NAME ON Wry, Don's	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME On wry, Don's 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
P	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Cella Carrino (Address) marin mi	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place from Curs Curs Oale May 7 1933	Manner of injury
Piace Min and Oale May 7, 1933	Neture of injury
19. UNDERTAKER TO MU DAG STATE	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO 9 6, 1933 Junelia 19, Janvson Registrar.	(Signed) Surge Coullbrism M. O. (Address) Sussing Stone
Acgistrar.	(muless) J. V. A. V. V. V. D.

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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUN 3 1939				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	VAL SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example II

The principal cause of death and related causes	Date of onset	The principal cause of death and related causes	Date of onest
of importance were as follows:	Date of onset	of importance were as follows:	Date of 011261
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every item of inforstated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING A PERMANE certificate. IS WITH UNFADING INK-THIS -WRITE PLAINLY, WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of TION is very important.

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
EATH		000			

4. P. 19. 19 18

1. PLACE OF DEATH			(159)				
County Somerset			Registration Dist. No. 260				
Village or City Ce Dostos	Der II	12	No. St., Ward				
Length of residence in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?				
19.			A STATE OF THE STA				
2. FULL NAME	.deam9		lims				
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State				
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE	S. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)				
5a. If married, widowed, or divorced HUSBAND of	0						
(or) WIFE of			22. HEREBY CERTIFY, That I attended deceased from				
6. DATE OF BIRTH (month, day, and year)			I last saw Hale alive on TINCEY 31 (AB 2: death is said				
7. AGE Years Months	Days	It LESS than I day, hrs.	to have occurred on the date stated above, at 7. com. The PRINCIPAL CAUSE OF DEATH and related causos of importance were as follows:				
8. Trade, profession, or particular		TOTAL CANTING	Date of onset				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Promature Potant				
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc							
SAW MILL, BANK, etc	11. Total ti	ime (years)					
this occupation (month and year)	sper	ntin this upation					
12. BIRTHPLACE (city or town)	ryloem	Q.	Other Contributory Causes of Importance:				
& 13. NAME Andrew 7	ames C	earling					
13. NAME A DO RECE T	rary lan	Q	Name of operation Date of				
(State of Country)			What test confirmed diagnosis? Was there an autopsy?				
15. MAIDEN NAME Serve	Tijae (Bollins	23. If death was due to external causes (VIOLENCE) fill In also the following:				
15. MAIDEN NAME Serve. 16. BIRTHPLACE (city or town)	mary las	ud	Accident, suicide, or homicide?				
17. INFORMANT Jeorga (Address) Wosto	U. Go	11100	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL		30	Manner of injury				
Place Western	Date (q. +-	19.3.2	Nature of injury				
19. UNDERTAKER Williams (Address) 3 7 B	Lower	Pane	24. Was disease or Injury in any way related to occupation of deceased?				
20. FILED June 1, 19.33	J. J. (An	with m	(Signed) Clare, T. allomaie M.D. (Address) Press Con Reuse 770				
70	11 1 11	11 0					

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: MEGELVED Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 I week ago Cerebral hemorrhage July 5, 1927 Peritovitis 3 days ago RTIDEATT V Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICI	AN
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STATE C	F MARYLA	ND-	CERTIFICATE OF DEATH		
1. PLACE OF DEATH			173)		
County Inguised			Registration Dist. No. 270		
Village or City. M. U.San	<u>m</u>	(lf	No. 10 Carefy Mercel To St., Will death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where o	leath occurred 25 yrs.		ds. How long in U.S. if of foreign birth?yrsmos		
2. FULL NAME Care	ou Dos	26			
(a) Residence: No. Ma	MON MON (Usual place of abode)	P	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATIST	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			21. DATE OF DEATH (Month) (Day) (Year)		
			22. I HEREBY CERTIFY, Thet I attended deceased f		
6. DATE OF BIRTH (month, day, and year)	el 15 10	905	I last saw h alive on 2 2 1933; death is		
7. AGE Years Months		ESS then	to have occurred on the date stated above, et & Am.		
28. 3		hrs. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.			asul Del 7 Heit		
9. Industry or business In which	huv	• • • • • • • • • • • • • • • • • • • •	Howels Hounshaya, my 27		
SAW MILL, BANK, etc 10. Dete deceased lest worked at this occupation (month end year)	11. Total lime (yeers spent in this occupation	s) /&			
12. BIRTHPLACE (city or town) Indicate (State or country)	5 0		Other Contributory Causes of importance: Gratost Bull: is aft lempus		
13. NAME alfred Son	's		- Free-to-		
13. NAME Clfrsd Son 14. BIRTHPLACE (city or town) (State or country)	- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		Name of operation		
15. MAIDEN NAME Hallis (O a	nolls		What test confirmed diagnosis?		
15. MAIDEN NAME Hallis (6.0) 16. BIRTHPLACE (city or town) (State or country)	/	23. If death was due to external causes (VIDLENCE) fill in elso the following: Aecident, suicide, or homicide? Here the Date of injury 27., 19.324 Where did injury occur? 22.444			
17. INFORMANT Bring Doming (Address)	i son	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, DR REMOVAL			Manner of injury Shut by rubon tron.		
Place MI Pier Come lang	Date hray 30.	, 19 7 .S.	Nature of injury a stal bullet . Is language you		
	4. Ward		24. Was disease or injury in any wey releted to occupation of decessed?		
(Address) marion	mdo)		if so, specify		
20. FILED 5/29 , 193 3 Gin		Registrar.	(Signed) Line p. C. Carllynn N (Address) Fruman my		
6/3/33 If more	clanks are needed, address State	te Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	, a	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritondis	3 days ago	
PERSONAL NAME OF THE PROPERTY				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1.	PLACE OF	DEATH	OI MA	RILAND	CERTIFICATE	OF DEAT	u ();	1376
	County	Some	27-41	/	(270)	Registration Dist.	No 26	9
	Village or Cit	y We	stay	, 4	Np.		91	Ward
	Length of reside	ence in city or town whe	re deeth occurred	/vrsmos	death occurred in a hospital or instituti	ion, give its NAME inst foreign birth?	lead of street and	number)
2	FULL NAM	1. de	the I	h 11111	Danie 1	roreign bifting	yrs m	10sds.
	(a) Residence		As	ag ma	CA Ward			
-				ace of abode)	St., Ward.	If nonresident give	city or town and	State
		AL AND STATIS	STICAL PAR	TICULARS	MEDICAL CE	RTIFICATE OF	FDEATH	
3. SE	male	4. COLOR OR RACE		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	May	2 4	. 193
5a. II	f married, widowed HUSBAND of	d, or divorced				(Month)	(Day)	(Year)
	(or) WIFE of				22. THEREBY	CERTIFY.	Thet I attended	deceesed from
6. D	ATE OF BIRTH (m	nonth, day, and year)	June 2:	2 1931,	I lest saw h LV elive on	Man 24	11	; death is said
7. AG			Deys	If LESS than	to have occurred on the dete stated	ebove, at 16,15%	_m.	, ocatti is said
	/	10	11	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH were es follows:	and releted causes of	importanco	
NO	8. Trade, professi kind of wo	rk done, es SPINNER.			1			Date of onget
OCCUPATION	9. Industry or bu	BOOKKEEPER, etc	************		STREET	Mittenson	acro exa	11
CUF	SAW MILL,	done, as SILK MILL, , BANK, etc			Procecho J	very s	1107	My 24/3
0	IO. Date deceased this occupa vear)	last worked at ition (month and	S	el time (years) pent in this coupetion	9			-
		1/2	+	mal ?	Other Contributory Causes of import	tanco:		
12. B	(State or country	1 1000	10		(P)	a scotta		
E I	13. NAME	succes ?	Lalayette	e Davis	Bro	es clit		Marcu /= :
FATHER	4. BIRTHPLACE (city or town) - Mr.	ade Gas	Possety	Name of operation		Date of	11110/2
-	(State or co	5		month /	What test confirmed diegnosis?			ulopsy?
MOTHER	5. MAIDEN NAME	E Gila UN	rgenea	Dreamel	23. If death was due to external cause	es (VIOLENCE) fill in a	Iso the following	:
OW 1	6. BIRTHPLACE (Macu.	mo	Accident, suicide, or homicide?	Date of	of injury	, 19
	5	£ 0 - 1	7 1 11 1		Where did injury occur?	(Specify city or town,	, county and Stal	e)
17. FN	(Address)	recovery.	Vinte	Med	Specify whether injury occurred in I	INDUSTRY, In HOME, o	or In PUBLIC PLA	ACE.
18. 8	URIAL, CREMATIO	N, OR BEMOVAL	rd Str	. 1/ 33	Menner of injury			
	Place 1 - 1	TAG	Date	2.719.50	Neture of injury			
19. UI	(Address)	Out V	mon	Md	24. Was disease or injury in any way	related to occupation	of deceased?	
20. FI	My 4	19.33. (no S	Browtt Registrar.	(Signed) (Address)	en g. A	suby-	20 M.D.
		If mo	re blanks are needed		2411 N. Charles Street, Baltimore, Requ	sesting V. S. No. 1.	117	re-feder fear

STATE OF MADVI AND CEDTIFICATE OF DEATH

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

T RECORD. Every item of infor-Y. PHYSICIANS should state of OCCUPA-AGE should be stated ENACTLY. PHYSICIANS MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMANE See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important.

mation should be carefully supplied. -WRITE PLAINLY,

V. S. No. 1 N. B.

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
County Somewor.	Registration Dist. No.
Village or City Incersors on o	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrs
V 22:	nis
(a) Residence: No. marron and	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of January	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) my 10 1938.	I last saw harman alive on 1932, to two 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	L'usuelma Phild
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
20	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town)	Tremolure 7 mm lle
13. NAME Sylvister Brisis	- mucu
13. NAME Sylvatio Binus 14. BIRTHPLACE (city or town) Md:	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Proce Securio	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Agenatio Browns (Address) narum ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Amel guyugast Date 5/11. 1833	Nature of injury
19. UNDERTAKER Chas It. Masal	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 5/ Y V 1033 acrelia 17. Fairson	If so, specify (Signed) Lerry Doubling M. D.
Registrar.	(Address) marin mo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II			
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	. min o 1023	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BUREAU V. S	July5,1927	Peritonitis	3 days ago		
Other contributory caus	es of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gostroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
THAT AN A A COLTABRA	OT TECT	Y CAR	T O TO TITITIO	DITATITUM	17 1	THISTORY

STATE OF MARYLAND—CERTIFICATE OF DEATH 053.8

1	. PLACE O	F DEATH	t		Registration Dist. No. 264		
	Village or (No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
2	. FULL NA	4.		&Qyrsmos	s. ds How tong In U.S. if of foreign birth? yts. ds		
		nce: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State		
	PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. 8	EX	4. COLOR OR RACE	S. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Money (Day) (Year) (Year)		
5a.	if married, widov HUSBAND of (or) WIFE of		ura Nate	on Posts			
6. [DATE OF BIRTH	(month, day, and year)	Dec 31 1	991	I last saw h alive on alive on any and 19 ; death is sai		
7. A	AGE 41 Yes	ars Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at		
8. Trade, profession, or patticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and				r	and the of Hend		
000	10. Date deceas	sed last worked at ipation (month and	11. Total ti span occu	me (years) It in this Ipation	Other Coutributory Causes of importance:		
12.	BIRTHPLACE (ci	ity or town)		7 M T P P T P G M G M G M G A G G G A G G G A	mysoull Cleving.		
ER	13. NAME	711 3	Sm Posts				
FAIH		E (city or town)r country)			Name of operation Date of Was there an autopsy?		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)				-9	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19		
				117	Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	Place	TION, OR REMOVAL	Date	,19	Manner of injury		
	UNDERTAKER (Address) FILED Ma	9 13, 1932	adstra	ekinsen Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Server Coullings (Address) White States		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II		
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Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago	
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TTH UNFADING INK-THIS IS A PERMANE TION is very important. See instructions on back of certificate. MARGIN RESERVED B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05379
1. PLACE OF DEATH	(3)
County Domerse	CORPORATE LIMITS Registration Dist. No. 265
Village or City Cresceld WITHIN	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Mary Q, Juney	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5EX 2 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 20 1, 1937, (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Janie 6, Learby Decorat	22. I HEREBY CERTIFY, That I attended deceased from 1932, to May 20, 1933
6. DATE OF BIRTH (month, day, and year) Sauce 121, 1853	I last saw h. M. alive on May 20 1,1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/9m.
80 4 20 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Larder rasección-
No of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	Alleal alleast
work was done, as SILK MILL, SAW MILL, BANK, etc.	
D. Date deceased last worked et this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Jomesses Co	
(State or country)	
13. NAME anemas / Crocket	
14. BIRTHPLACE (city or town)	Name of operation
# 15. MAIDEN NAME Dallie Riggin	What test confirmed diagnosis? Was there an au'opsy? 23. If death was dua to external causes (VIDL ENCE) fill In also the following:
To the District Act of the State of the Stat	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Mess Guylog (Address) Carol of Man	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MOCHEM Lected Date Mily 24 , 1933	Nature of injury.
19. UNDERTAKER J. Dawson! (Address) Cussiald	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 22, 1933/ C. E. Collins. Registrar.	(Signed) lettas, thewalks M. C. (Address) Cristile
If more blanks are needed address State Designary	N Ct al. Care Baltima Day of C M

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PURSAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Callstones	May 1,1923	Gastroenteritis	1 year

N. B.-

STATE OF MARYLAND-CERTIFICATE OF DEATH

50	200	0	-		
U,	Э	3	a	Œ	3

1. PLACE OF DEATH	92.0)
County Somerset	Registration Dist. No. 262
Village or City Costen Station Length of residence in city or town where deeth occurred yrs.	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) smos. ds. How long In U.S. if of foreign birth? yrsmos. ds.
2. FULL NAME Joseph Elijah Hamil (a) Residence: No.	St., Ward.
(Usual place of abode	
PERSONAL AND STATISTICAL PARTICULA 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W	
Male 4. color or RACE 5. SINGLE, MARRIED, W OR DIVORCED (write Married	
5a. If married, widowed, or divorced HUSBAND of Maggie Hamilton (or) WIFE of Maggie Hamilton	22. I HEREBY CERTIFY. That I attended deceased from May 70 ,1900,10 May 70,19
70 6 and 1 day	to have occurred on the dete stated above, at 2 a 100 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, Track Forema SAWYER, BOOKKEPER, etc	d / Lasart 0
12. BIRTHPLACE (city or town) Nottaway County (State or country) Virginia	Chouse May de ardely Wilras Refgingitation
14. BIRTHPLACE (city or town)	Neme of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. Maggie Hamilton	23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) Costen Station, Naryland 18 BURIAL CREMATION, OR REMOVAL OAK Grove Cemetary Plece Port Norfolk Value Nay 23r	Afternoon of Indiana
19. UNDERTAKER PLANTE CITY, Maryland.	24. Was disease or injury In eny way related to occupation of deceesed?
#	Registrar. (Address)

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- 9.—The industry or business in which the work was done.
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	ĺ
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL S	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.-

	County	Some	rse	t				Registration Dist. No. 7 6	4
	Village or	City	Gre	enhil	.1			ND. St., death occurred in a hospital or institution, give its NAME instead of street and	1.
	Length of re	esidence in	city or to	own where d	eath occurred_		yrsmos	death occurred in a hospital of institution, give its NAME instead of street and	os.
2	FULL N	AME	Li	na E.	Long				
	(a) Resid	ence: No.			(Usuai pla	ace of a	hode)	St., Ward. If nonresident give city or town and	State
and the same	PERSO	NAL A	ND S	TATISTI	CAL PAR			MEDICAL CERTIFICATE OF DEATH	Draft
3. s F e	emale		or or		5. SINGLE, M OR DIVOR	RCED (1	D, WIDOWED, write the word)	21. DATE OF DEATH lay 19th (Day)	, 193 3 (Year)
5a.	If married, wid HUSBAND of			7				22. I HEREBY CERTIFY, That I attended	
	(or) WIFE of	Jame	es M	· rons	5			May 9 ,19 33,10 May 19	
	ATE OF BIRTI		1		1	.18		I last saw h. er ative on May 19 , 19 33	2; death is s
7. A	iGE Y	ears 66		Months	Days 29		If LESS than l day,hrs.	to have occurred on the date stated above, at 5 a QQP, am. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	8. Trade, pro		particula	er e			ormin.	were as follows:	Date of on
TION					lousew:	ife		Chronic Nephritis	?
CCUPA	9. Industry o	r business vas done, a NLL, BANK	in which s StLK M	TILL,					
220	10. Date dece		vorked at	1	11. Tot	tal time	(years) this Life		
	year).			4-19:	531	occupat	ion Llie	Other Contributory Causes of importance:	7
12.	BIRTIIPLACE (n)	Phila	adelph	ia.			
E	13. NAME		eric	k Fli	ırer				
FATH	14. BIRTHPLA	CE (city or	town)					Name of operation	
K		or country)			rmany			What test confirmed diagnosis?	au'opsy?
빞	15. MAIDEN	IAME U	arts	tina	Stein			23. If death was due to external causes (VIOLENCE) fill in also the following	1:-
MOT	16. BIRTHPLA (State	CE (city or or country		G	ermany			Where did injury occur?	, 19
17.	INFORMANT	ames	M.I	ong				(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ACE.
10					arylan	d.		Nov	
\	Place PO	netar	су геС	n⊾ -1-1:17-⁄7	pate Ma	y. 7	1, 19.33	Manner of injury	
	/	11011	150	LP2	Stein	eil	sor	24. Was disease or injury in any way related to occupation of daceased?	No
10			1-30-466		of warden				0
19.	UNDERTAKÉR (Address)	Pocc	mok	e Cit	yallar	VI	ad.	If so, specify	PA

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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<u>(93-d)</u>	
Registration Dist. No. 26	D
St., n a hospital or institution, give its NAME instead of street and r tow long in U.S. If of foreign birth?	Ward
Ward. If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
OF DEATH Mag 10-8	
HEREBY CERVIFY, Thet I attended 1933 to May 193 alive on May 129, 193	1., 19 3.3
ed on the date stated above, A.Sem. AL CAUSE OF DEATH and related causes of importance	
Carolilis	Date of onset
Mayorane: Hogologicalis Faclus	
ation. Date of	
s due to external causes (VIOLENCE) fill in also the following ide, or homicide?	:
occur?(Specify city or town, county and State er injury occurred In INDUSTRY, In HOME, or In PUBLIC PL/	e) ACE.
ry News	
e or Injury In any way related to occupation of deceased?	W

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The Drough Household aumonia of 23

item of inforstated EXACTLY. PHYSICIANS should state of OCCUPA-RECORD. Every Exact statement properly classified. ITH UNFADING INK-THIS IS A PERMANE CAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

8

Length of residence in city or town where deeth occurred yrs, mos. ds How long in U.S. If of foreign birth? yrs, mos. ds 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 1. The property of the word of the wor			STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH 05386		
County Village or City. Village or City. Langth of residence in city or form where deeth occurred. (a) Residence: No. Cluster of the county of the whole of the county of the count	1	. PLACE O	F DEATH	WITHIAL	000	(46)		
Village or City. Leagh of residence in city or town where deeth occurred. Leagh of residence in city or town where deeth occurred. 2. FULL NAME (a) Residence: No. CUbusiplece of abode St., Ward. War		County	donarse j		CORPORA-	Registration Dist. No. 269		
Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (c) COLOR OR RACE (c) SINGLE, MARKED, WINDOWSD, OR DIVORCED. (unite the word) (d) WHE of the word of the		Village or C	Dity			NoSt., Ward		
(a) Residence: No. (Usual place of abode) (Usual place of abode) (PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDDWED, OR DYOKED, (write the world) 6. DATE OF BIRTH (month, day, and year) 7. AGE Yers Months Deyx 1 (LESS then 1 (day, min. min. min. skind of work dome, as SPINNER, SAW MULL, BAIK, etc. 19. Johnstry or business la which Law, min. Sind of work dome, as SPINNER, SAW MULL, BAIK, etc. 19. Johnstry or business la which Law, min. Sind of work dome, as SPINNER, SAW MULL, BAIK, etc. 19. Johnstry or business law which Law, min. Sind of work dome, as SPINNER, SAW MULL, BAIK, etc. 19. Johnstry or business law which Law, min. Sind of work dome, as SPINNER, SAW MULL, BAIK, etc. 19. Johnstry or business law which Law, min. Sind of work dome, as SPINNER, SAW MULL, BAIK, etc. 10. Johnstry or business law which Law, min. Sind of work dome, as SPINNER, SAW MULL, BAIK, etc. 10. Johnstry or business law which Law, min. Sind of work dome, as SPINNER, SAW MULL, BAIK, etc. 10. Johnstry Casefol importance Westhere an auxiliary 10. Sing or country) 11. BIRTHPLACE (city or town) (Sinter or country) 12. BIRTHPLACE (city or town) (Sinter or country) 13. SIRTHPLACE (city or town) (Sinter or country) 14. BIRTHPLACE (city or town) (Sinter or country) 15. BAIDEN NAME 16. SIRTHPLACE (city or town) (Sinter or country) 17. INFORMANT (Address) 18. BURIAL, CREATION, OR REMOVAL Place Dete MULL Place 19. UNDERTAKER (Address)		Length of resi	idence in city or town when	ro deeth occurred	1.53			
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (-write the word) 5. If married, widowed, or divorced WIDSAND of (-0) white of	2	. FULL NA	ME Or	lando Le	o Mitchel	1		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (-write the word) 5. If married, widowed, or divorced (MUSAND) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 7. Whisting on particular hind over down, or min. 8. Trede, profession, or particular hind of work done as SPINNER, SAWYER, BOUNKEPER, etc. 9. Additional over dome as SPINNER, SAWYER, BOUNKEPER, etc. 9. Additional over dome as SPINNER, SAWYER, BOUNKEPER, etc. 9. Additional over dome as SPINNER, SAWYER, BOUNKEPER, etc. 10. Dete deceased lest worked et pent in this occupation (menth dine) of pent in this occupation (menth dine) occupation. 11. Total time (yeers) spont in this occupation (menth dine) occupation. 12. BIRTHPLACE (city or town). (Site or country) 13. INAME 14. BIRTHPLACE (city or town). (Site or country) 15. MAIDEN NAME 16. BURTHPLACE (city or town). (Site or country) 17. INFORMANT. Accidents suice, or homicides. Accidents suice, or		(a) Residen	ice. No	Laryland	100	St. Ward		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 56. If married, widowed, or divorced (cr) Wife or Divo	C-1	(=) (1001001		(Usual plece	of abode)			
Se. If married, widowed, or divorced HUSSAND of (CP) WIFE of Partial Late and Late a		PERSON	IAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trede, profession, or particular kind of work done, as SPINNER, SAWFR, BOOKEEFR, etc. SAWFR, BOOKEEFR, etc. 10. Dete decased lest worked et this soliton (month and etc.) 10. Dete decased lest worked et this occupation (month and etc.) 11. Total time (yeers) spent in this occupation (month and etc.) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER AMA A DAAL AND A COLUMNA Registrer. (Address) 20. FILED 18. STATE (Address) 19. 3. Ideath was due to external causes (VIOLENCE) filt in also the following: Acquirer. Meaner of injury Neme of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signer) 19. UNDERTAKER AMA A DAAL AND A COLUMNA (Signer) (Address) 19. What decleaned in any way rejeted to occupation of deceesed? 19. UNDERTAKER (Address) 20. FILED (Address)	3. S	EX 2	4. COLOR OR RACE			May 25 193 3		
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To have occurred on the dete steted ebove, a serior min. The PRINCIPLA CAUSE OF DEATH and related causes of importance were explicitly	6. E	ATE OF BIRTH	(month, day, and year)	April 17	1863	1 last saw harmative on May 26 , 19 3 3; death is said		
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(Address) Crifield Ond If so, specify teleflowers M. I 20, FILED May 21, 19.33 Expline (Signer) (Address) Aug 20 Mo		Place	A	Dete		Nature of injury		
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	20.	FILED ANA	421,1933	0/8	colling	(Signer) Ty 100 Clouds M. D.		
	MINISTER .	- 4	76	re blanks are maded				

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLA	CE OF DEAT	гн			(23)	09357
Cou	inty Somers	et			Registration Dist. N	0. 262
	age or City Pog gth of residence in cit			(If	No. If death occurred in a horpital or institution, give its NAME instead s. ds. How fong in U.S. If of foreign birth? yi	
2 FIII	LL NAMECha	rles S	tretton	Powell		
	Residence: No.		(Usual place		St., Ward.	or town and State
PE	RSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	The second secon
3. SEX		r or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 28t (Month) (D)	h 1933
HUSB/	ed, widowed, or divo AND of vfFE of	rced			22. I HEREBY CERTIFY, Tha	
7. AGE	Years 46	Months 5	ecember2 Days ***	8th.1886 If LESS than 1 day,hrs. ormin.	t last saw h alive on to have occurred on the date stated above, and a OOPm.	
12. BIRTHP	ide, profession, or pakind of work done, SAWYER, BDDKKEE dustry or business in work was done, as S SAW MILL, BANK, etc. deceased last wor this occupation (mor year) PLACE (city or town).	which ILK MILL, Ic. ked at 1932	set Coun	ime (years)Life nt in this upalion	Juberculasia of throat and long Juberculasia 3 Storeach Generalized tulerculosis - sale Dither Contributory Canses of importance:	put of
1	ME Charle					
13. NAI	THPLACE (city or to (State or country)	wn)Somers Maryls		ty	Name of operation	
T	IDEN NAME Sa RTHPLACE (city or to (State or country)	llie Dome: Wary	rset Cou	nty	23. If death was due to external causes (VIOL ENCE) fill in also Accident, suicide, or homicide? Date of in	the following:
(Ad	dress)R.D.#1	Pocomo	oke City	.Md.	(Specify city or town, ec Specify whether injury occurred in INDUSTRY, in HDME, or i	unty and State) n PUBLIC PLACE.
Plac	fremation of Rehobet	h, Mary	land May	30th, 1933	Manner of injury	
	May 30, 1	11	y, Maryla	nd Scatt Registrar.	24. Was disease or injury in any way related to occupation of a lif so, specify (Signed) All All All All All All All All All Al	leceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING.

ate	STATE OF MARYLAND	CERTIFICATE OF DEATH		
int	1. PLACE OF DEATH			
of of of	County Source	Registration Dist. No. DX / O		
Every item ICIANS sho itement of (No. St., Wan death occurred in a hospital or institution, give its NAME instead of street and number)		
	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsds		
	2. FULL NAME Daty Leese			
Sta sta	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PH PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
L Y. Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH Way 18 1933		
EXACTL y classified. te.	Sa. If married, widowed, or divorced HUSBANO of	(Month∦ (Day) (Year)		
	(or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed Iron 14. 1933 to Lucy / 8 1933		
	6. OATE OF BIRTH (month, day, and year) 1404 18 1933	I last saw hele alive on luny 18 1933 death is sai		
ed erly	7. AGE Years Months Oeys II LESS than	lo have occurred on the date stated above, at 6: P: _m		
K—THIS IS A PE hould be stated E may be properly back of certificate.	or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
	8. Trada, profession, or particular kind of work done, as SPINNER,	D 0 + 12 D		
	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc.	2) Carebral beworkage		
	SAW MILL, BANK, atc			
INI IE sl at it s on	Date deceased last worked el this occupation (month and year) spent in this occupation	I Rabor because of pysletia of		
NFADING pplied. AGE erms, so that instructions	12. BIRTHPLACE (city or lown). Cris tiell	Other Coutributory Causes of importance:		
AD)	(State or country) Leavy last			
NF oplie erm inst	13. NAME Beward Reese			
sul sul in t	13. NAME Servard Reese 14. BIRTHPLACE (city or town) Cris freed	Name of operation Oate of		
TI bla	(State of Country)	Whet lest confirmed diagnosis?		
be carefu EATH in important	E	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 19.		
INLY, be car EATH import	State or country)	Where did injury occur?		
Id be DEA DEA	17, INFORMANT Barreaul Reese	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
E PLA should OF DI	(Address) Criofice), Lud 18. BURIAL, CROMATION, OR REMOVAD			
	Place dawsons em Date May 14, 1933	Manner of injury		
WRITE mation s		24. Was disease or injury in any way related to occupation of deceased?		
T E D E	19. UNOERTAKER A. D. Cattle of the Cattle of	If so, specify		
B	20 FILED May 20, 33 & E collins	(Signed) Setale lu Prestou. M.		
Z	Registrar.	(Address) Crasfiell I Makyland:		
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Gaustones	May 1,1923	(iastroenteritis	1 ye

Ward

St.,

merred	(Month) (Day) (Year)
Suith year) Months Days If LESS than 1 dey,hrs. ormin.	22. I HEREBY CERTIFY, That I attended deceased from 1933, to 14, 1933 I tast saw L. elive on 1933 to 1933; death is said to have occurred on the date stated above, at 2 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oute of onset 13,27
11. Total time (years) spent in this / occupetion / o	Other Contributory Causes of importance: Description Technologies
n.c.	Name of operation Date of
Swith	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Mary 19.,1933	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 20 If so, specify (Signed) M. D.
Registrar. If more blanks are needed, address State Registrar, and the state of th	(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

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		SI	AILC) F M	IAR	YLAND-	CERTIFICAT	F OF DE	AIH	5390
	1. PLACE OF	DEAT	Н				(31)			0.00
	County								ion Dist. No. 262	
			comoke				ND. R.F.D.# death occurred in a hospital or i			
							. ds. How long In U.	S. if of foreign birth?	yrs	mos. ds.
	2. FULL NA	ME	David	Sol:	Leni	perger				
	(a) Resident	e: No		(Us	ual place	of abode)	St., Ward.	If nonresid	dent give city or town a	nd State
-	PERSON	AL ANE	STATIST	ICAL I	PART	ICULARS	MEDICA	L CERTIFICA	TE OF DEATH	
Name of the last	sex		or RACE	5. SING	LE, MAI	RRIED, WIDOWED, ED (write the word) OF	21. DATE OF DEAT	May (Month)	loth.	, 193 3
5a	. If married, widow HUSBAND of (or) WIFE of		Soller	nber	ger		22. I HERE	BYCERTI	IFY, That I attende	
	DATE OF BIRTH			A			I last saw harmalive o		200 1. 19.3	3; death is said
7.	AGE Year		Months 6		Days 8	If LESS than f day,hrs.	to have occurred on the date The PRINCIPAL CAUSE OF were as follows:			
OCCUPATION	SAWYER, 9. Industry or I work was SAW MIL 10 Date decease this occup	ork done, a BOOKKEEP business in done, as SI L, BANK, et d last work pation (mont	s SPINNER, ER, etc	Far	I. Total	time (years)Life ant in this Life upation	Severe S	eved w	following	Date of onset
_	(State or coun		Ohio				Cheanin	neps	ridas	
JER	13. NAME GE	orge	Soller	ber	ger					
FATHER	f 4. BIRTHPLACE (State or		n)	nsyl	van	la.	Name of operation			aulonsy?
ER	15. MAIDEN NAT	ME Lu	cy A.Sc	chne:	idei	c	23. If death was due to extern			
MOTHER	f6. BIRTHPLACE (State or	country)	Penr	ısylı	vani	a	Accident, suicide, or homicid	(Specify cit	y or town, county and S	ante)
17	Address) I		Overho		0 73 77	land	Specify whether Injury occur	rred in INDUSTRY, in	HOME, or in PUBLIC I	LACE.
18	BURIAL, CREMAT	ION, OR RE	MOVAL			14th, 19.33	Manner of Injury			
19	UNDERTAKER (Address)		ke City	LV- V, Na	ryl	eson.	24. Was disease or injury in	any way related to oc	ecupation of deceased?.	
20	FILED May	·//,19	33) am	nel	S	catt	(Signed)	10 la	AL PI	M, D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample I

Example H

AJA 0	mpre 1		Example 11	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BUREAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V.S. No. 1 (A) MARGIN RESERVED FOR BINDING.	
N. BWRITE PLAINLY, ITH UNFADING INK-THIS IS A PERMANA RECORD. Every item of infor-	infor-
mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	UPA.
TION is very important. See instructions on back of certificate.	

1. PLACE OF DEATH			(18)	31
County			Registration Dist. No.	0
Village Dr City Length of residence in city or town where	P* A	(1)	ND. St., f death occurred in a hospital or institution, give its NAME instead of street and numb	
Joh		rs,Inos	ds How long in U.S. if of foreign birth?yrsmos	d
2. FULL NAME	The Friend	-4		
(a) Residence: No.	(Usual place of about	de)	St., Ward. If nonresident give city or town and State	-
PERSONAL AND STATIST	ICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, OR DIVORCED (Wri		21. DATE OF DEATH May Month) (Day) , 193	(Year)
5a. If married, widowed, or divorced HUSBAND of	da Sterlin	-		` '
(or) WIFE of	202111		22. I HEREBY CERTIFY. Thet I ettended deceded and 1933, to 2 2 2	
6. DATE OF BIRTH (month, day, and year)	Oct 8 187	8	I last saw h. Lu alivo on May 12, 1933; dee	
7. AGE Years Months	1 da	of LESS than ay,hrs.	to have occurred on the date stated abovo, at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	7 t	his	arun De geent	1/0.3
12. BIRTIIPLACE (city or town) Cr1 (State or country)	64-17		Dther Contributory Causes of importance:	
13. NAME THOMAS	Starling		and more and	
14. BIRTHPLACE (city or town) (State or country)	Crisill	Ed	Neme of operation Dete of What test confirmed diegnosis? Wes there an europe	
15. MAIDEN NAME	Earts		23. If deeth wes due to externat causes (VIOLENCE) fill in elso the following:	sy :
16. BIRTHPLACE (city or town) (State or country)	Crinclesd	13	Accident, suicide, or homicide?	19
17. INFORMANT (Address)			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place	Date	, 19	Manner of injury	
19. UNDERTAKER STM A Brown (Addiss) Confie	dohour		24. Was disease or injury in any way related to occupation of deceased? . No	
20. FILED/My 13, 19 33 C	ECR	Registrar.	(Signed) Levery Carelline	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exam	nple I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MECEIV	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	10N 7 18	July 5,1927	Peritonitis	3 days ago
	RUREAU	Va Bell		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		muy 1,1020	THOU DETUTE WAS	1 Jear

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

austones		May 1,1923	(instroenteritis	1 year
	ADDITIONAL SPA	CE FOR FURTH	ER STATEMENTS BY PHYSICIAN	V

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Example I The principal cause of death and related causes of importance were as follows: Date of onset			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	III LINE WENNING	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	BURPAU V. 8	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gostroenteritis	1 year

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Registrar.

(Signed)

(Address)

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Example I		Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
THE BEAUTIES OF STREET					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenterilis	1 year		

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
other contributory causes of importance:	-	Other contributory causes of importance:	
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